

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Licensing Division
P.O. Box 30018, Lansing, MI 48909
517-241-9288
www.michigan.gov/landscapearchitects

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR LANDSCAPE ARCHITECTS LICENSE,
RELICENSURE & REINSTATEMENT

AUTHORITY: 1980 PA 299, MCL 338.3434(A), AND 42 USC 654
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION
AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number
Address	City	State	Zip Code
Telephone Number	E-mail Address		
Have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete this question for relicensure only - Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
New License			
Do you have at least 7 years of training and experience in the actual implementation and practice of landscape architecture? (You may include 1 year of experience for each year, up to 5 years, of satisfactory completion of an accredited course in landscape architecture in an accredited school.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
License without examination (Licensed in another jurisdiction)			
Are you legally registered, licensed, or regulated as a landscape architect in any other state or country whose requirements for registration, licensure, or other regulation are at least substantially equivalent to the Michigan requirements?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> New Applicant - Veteran (see required additional documents) Fee Waived		3901-01	
If applying between April 3 of an odd year to April 2 of an even year, check one box below:			
<input type="checkbox"/> New License \$260.00		3901-01	
<input type="checkbox"/> License w/o Exam \$260.00		3901-09	
<input type="checkbox"/> Relicensure \$280.00		3901-06	
If applying between April 3 of an even year to April 2 of an odd year, check one box below:			
<input type="checkbox"/> New License \$320.00		3901-01	
<input type="checkbox"/> License w/o Exam \$320.00		3901-09	
<input type="checkbox"/> Relicensure \$340.00		3901-06	
<input type="checkbox"/> Reinstatement (if license is currently revoked) \$200.00		3901-50	
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.			

Required Additional Documents

- If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.
- New and license without exam applicants must:

Provide the Department access to your CLARB Council Record.

OR

Submit a copy of your current license.

AND

A combination of proof of one or more of the following to document a total of 7 years of experience as outlined in R 339.19023:

- Possession of a baccalaureate degree from a program accredited by the American Society of Landscape Architects.
- Possession of a master's degree in landscape architecture from a program accredited by the American Society of Landscape Architects which includes completion of undergraduate prerequisites.
- University level courses in the subjects included in a landscape architecture degree program accredited by the American Society of Landscape Architects.
- 5 references from non-relation documenting not less than 2 years of professional experience in the actual practice of landscape architecture. At least 3 of the references shall be from registrants who can indicate a knowledge of the applicant's professional expertise.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

Signature

Date